STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

riease type of	print in ink.			2010 675	O DAS L. CE	
NAME OF FILER (LAST)		(FIRST)	(FIRST)		2010 CED 20 PH (MIDDLE)	
Janssen		Wayne	Wayne		Warren	
1. Office, Agency, or Court				· · · · · · · · · · · · · · · · · · ·		
Agency Name (Do not use acronyms)						
Natural F	Natural Resources Agency - Department of Conservation					
Division, Board, Department, District, if applicable			Your Position			
Division of	of Oil, Gas and Geothermal Reso	urces	Associate (Oil and Gas Engi	ineer	
► If filing fo	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:			Position:			
2. Jurisdiction of Office (Check at least one box)						
⋉ State	⋉ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)			
	☐ Multi-County					
	·		-			
City of _			Other			
3. Type of	Statement (Check at least one box)					
★ Annual:	: The period covered is January 1, 2017, t	hrough	Leaving Off	fice: Date Left	1	
-or-	December 31, 2017.		(Check one)			
-01-	The period covered is//	, through			, 1, 2017, through the date of	
	December 31, 2017.		leaving o			
Assumi	ng Office: Date assumed/			od covered is/ of leaving office.	/, through	
Candida	Candidate: Date of Election and office sought, if different than Part 1:					
4. Schedule	4. Schedule Summary (must complete) ► Total number of pages including this cover page:					
	chedules attached					
☐ Scho	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
☐ Sch	☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached					
Schedule-B Real-Property schedule-attached Schedule-E Income Gifts Travel-Payments schedule-attached						
-or-						
None - No reportable interests on any schedule						
5. Verificati						
MAILING ADDR (Business or A	RESS STREET gency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	sten Way	Bakers		CA	93313	
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS						
	661) 334-3661 wayne.janssen@conservation.ca.gov					
	ave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained rein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify un	l certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Data Siana	rate Signed 2/27/2018 (month, day, year) Signature Wayre James James (File the originally signed statement with your filing official.)					
Date Signe	(month, day, year)	8	ignature 70 mg/f	ile the originally signed statem	ent with your filing official.)	